

FILED JUN 11 1942  
Registration District No. 299

Primary Registration District No. 1002

49  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. **Jackson**

(b) City or town. **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**General Hospital No. 2** 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5-10-42-5-26-42**  
(Specify whether years, months or days)

In this community **10 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 48

(c) City or town. **Kansas City** 2  
(If outside city or town limits, write "RURAL")

(d) Street No. **1905 E. 10th St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **MARY SHEPARD**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**  
year **1942** hour **5** minute **00** a. m.

4. Sex **Female** 3

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife. **Miles Shepard**

6. (c) Age of husband or wife if alive. **43** years

7. Birth date of deceased. **January 20 1900**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 10** 19**42** to **May 26** 19**42**  
that I last saw h...er alive on **May 26** 19**42**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>42</b>	<b>4</b>	<b>6</b>	hr. min.

Immediate cause of death. **Manic Depressive Psychosis**

Duration

9. Birthplace. **Nowater County / Oklahoma**  
(City, town, or county) (State or foreign country)

10. Usual occupation. **Unemployed**

Due to **840**

Due to

Other conditions... (Include pregnancy within 3 months of death)

11. Industry or business.

MOTHER { 12. Name. **Charles Campbell**

13. Birthplace. **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name. **Emma Looney**

15. Birthplace. **Unknown**  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.

Of autopsy.

16. (a) Informant. **Record Clerk**

(b) Address. **General Hospital No. 2**

17. (a) **burial** (b) Date thereof. **6/1/42**  
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation. **Highland Cemetery**

18. (a) Signature of funeral director. **Hackins Bros.**

(b) Address. **1729 Lydia**

19. (a) **6-1-42** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place).....  
(If means of injury)

23. Signature **[Signature]** (M. D. or other) **[Signature]**

Address **Gen. Hosp #2 - 600 E. 22** Date signed **5-27-42**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Isaac Jerome Manlove*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*2503 Highland*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**